

# APPLICATION TO REMOVE DEFICIENCIES

ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT  
 Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367  
 Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326  
[www.ade.az.gov/certification](http://www.ade.az.gov/certification)

(PRINT IN BLACK INK OR TYPE)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: M / F  
 (For identification purposes only) (Circle One)

APPLICANT'S FULL LEGAL NAME: \_\_\_\_\_  
 Last First Middle

MAILING ADDRESS: \_\_\_\_\_  
 (Home) Street Number or P.O. Box

City State Zip Code

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 (Home) (Home)

ETHNICITY: **GENDER & ETHNICITY ARE REQUESTED FOR FEDERAL REPORTING PURPOSES ONLY**

\_\_\_\_ Asian or Pacific Islander \_\_\_\_ Black or African-American (Not Hispanic)  
 \_\_\_\_ Hispanic or Latino \_\_\_\_ American Indian or Alaskan Native  
 \_\_\_\_ White (Non-Hispanic) \_\_\_\_ Other

INSTITUTION: Out-of-State / In-State Name: \_\_\_\_\_  
 (Circle One)

State: \_\_\_\_\_ Country: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**PLEASE NOTIFY THE CERTIFICATION UNIT OF CHANGES IN HOME MAILING ADDRESS, HOME E-MAIL ADDRESS & HOME TELEPHONE NUMBER.**

**INSTRUCTIONS:** To extend the valid period of your certificate, you must submit an official transcript if a course was taken, OR a passing score if a test was taken, and a Fingerprint Clearance Card issued by the Department of Public Safety (DPS) indicating that you have met the requirements for the allowable deficiencies on your certificate. A fee of **\$20** must be submitted and may be paid as a cashier's check, money order or personal check (payable to *Arizona Department of Education*) for the reissuance of the certificate. Please make sure to write your Social Security Number on the cashier's check, money order or personal check and staple it to the bottom of this form. Fees are nonrefundable. If you have more than one deficiency, please do not submit an application until you have evidence that **all** deficiencies have been met.

☐ **I am submitting official transcripts or copies of official test results to remove the following deficiencies:**

\_\_\_\_\_ Arizona Constitution  
 \_\_\_\_\_ U.S. Constitution  
 \_\_\_\_\_ Valid Fingerprint Clearance Card